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Date: May 27, 2003

*Sean Mellino*

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant	:	Robert Peter Klein, et al.
Serial No.	:	09/720,287 (Conf. No.: 1252)
Filed	:	May 10, 2001
Title	:	Transdermal Therapeutic System Containing Hormones and Crystallization Inhibitors
Examiner	:	Isis Ghali
Art Unit	:	1615
Attorney Docket	:	RO0208US (#90568)

*14/Pre C*  
*clm*  
*5-27-03*

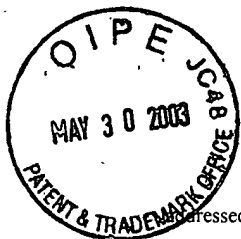
*Act*  
*6-12-03*

Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

**Reply to Final Office Action Dated February 24, 2003 and Request for Continued  
Examination**

Dear Sir:

In response to the final Office action dated February 24, 2003, please amend the above-identified application without prejudice as follows:

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Art Unit : 1615  
Attorney Docket : RO0208US (#90568)

Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

**AMENDMENT TRANSMITTAL**

Dear Sir:

Transmitted herewith is an amendment in the above-identified case.

(X) No additional fee is required.

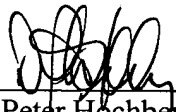
CLAIMS AS AMENDED								
	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra		Rate	Addtl. Fee
Total Claims	18	-	20	=	0	x	\$ 18.00	\$ 0

Indep Claims	3	-	3	=	0	x	\$ 84.00	\$ 0
SUB TOTAL								\$ 0
SMALL ENTITY ENTITLEMENT MULTIPLICATION FACTOR (50%)								
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT								\$ 0

- If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 6.  
-- If the "Highest No. Previously Paid For" in this space is less than 20, write 20 in this space.

- ( ) Small Entity Entitlement Form of record.  
( ) Small Entity Entitlement Form enclosed.  
( ) A check is attached in the amount of \$\_\_.  
(X) Please charge any additional fees to Deposit Account No. 08-2441.  
(X) **Refund** directly to the undersigned, **specifically identifying our Docket No. RO0208US (#90568)**. A duplicate of this sheet is enclosed.

Respectfully submitted,

By:   
D. Peter Hochberg  
Reg. No. 24,603

D. Peter Hochberg Co., L.P.A.  
1940 East 6th Street - 6<sup>th</sup> Floor  
Cleveland, Ohio 44114-2294  
(216) 771-3800

DPH/sm



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Application Number	09/720,287
Filing Date	May 10, 2001
First Named Inventor	Robert Peter Klein
Art Unit	1615
Examiner Name	Isis Ghali
Attorney Docket Number	RO0208US (#90568)

Total Number of Pages in This Submission

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JUN 04 2003  
TECH CENTER 1600/2800**ENCLOSURES (Check all that apply)**

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form                     | <input type="checkbox"/> Drawing(s)                                       | <input type="checkbox"/> After Allowance Communication to Group  |
| <input checked="" type="checkbox"/> Fee Attached                             | <input type="checkbox"/> Licensing-related Papers                         | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences                                |
| <input checked="" type="checkbox"/> Amendment/Reply                          | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)                         |
| <input checked="" type="checkbox"/> After Final                              | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Power of Attorney, Revocation                    | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Extension of Time Request                           | <input type="checkbox"/> Change of Correspondence Address                 | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):                                    |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Terminal Disclaimer                              | Return postcard; Request for Continued Examination (RCE); Credit card payment form; and amendment transmittal form |
| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> Request for Refund                               |  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | <input type="checkbox"/> CD, Number of CD(s) _____                        |  |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application    | <input type="checkbox"/> Remarks  |  |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |   |  |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	D. Peter Hochberg; D. Peter Hochberg Co., L.P.A.
Signature	<i>[Signature]</i>
Date	May 27, 2003

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. Washington, DC 20231 on this date:

Typed or printed name	Sean Mellino		
Signature	<i>[Signature]</i>	Date	05/27/2003

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.